## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P02000042280

MACAN REAL ESTATE HOLDINGS, INC.



**FILED** Jul 14, 2008 08:00 AM Secretary of State

Principal Place of Business

3900 SW 30 AVENUE, STE 2 FORT LAUDERDALE, FL 33312 Mailing Address

3900 SW 30 AVENUE, STE 2 FORT LAUDERDALE, FL 33312



DO NOT WRITE IN THIS SPACE

07112008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 02-0585329 \$8.75 Additional 5. Certificate of Status Desired 

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Fee Required

954-327.9212

6. Name and Address of Current Registered Agent

FERNANDEZ, MIGUEL A 3900 SW 30 AVENUE, STE 2 FORT LAUDERDALE, FL 33312

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

the obligat	ions or registered agent				07/Ĭ47ŏ8~8ŏò	li–013 150.80	)
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)					DATE		
FILE NOWILL FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIRECT D MCKERCHIE, TERRY W 2160 SW 119 TERR. DAVIE, FL 33325 P MCKERCHIE, TERRY W 2160 SW 119 TERR. DAVIE, FL 33325	PTORS .					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKERCHIE, TERRY W 2160 SW 119 TERR. DAVIE, FL 33325		DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCKERCHIE, TERRY W 2160 SW 119 TERR. DAVIE, FL 33325			IN THIS SPACE			
TITLE NAME STREET AUDRESS CITY-ST-ZIP						·	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				:		,	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an alternative that address, with all other like empowered.							

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida amiliar with, and accept